



Electronic Recording Delivery System Application for System Certification

TYPE OR PRINT (IN INK) ALL INFORMATION
REQUESTED ON THE APPLICATION FORM.
SIGNATURE MUST BE ORIGINAL.

TYPE OF APPLICATION

(CHECK THE BOX THAT APPLIES)

SINGLE-COUNTY ☐ **MULTI-COUNTY** ☐ (REQUIRES THE COMPLETION OF AN ERDS 0001B FORM)

TYPE 1 ☐ **TYPE 2** ☐ **TYPE 1 AND TYPE 2** ☐

RETURN ERDS PAYLOAD SYSTEM FUNCTION ☐

DOJ USE ONLY	
Cert #	_____
Date rec'd	_____
Response date	_____
Analyst	_____

Tracking #	_____
HDC date	_____
Rev. by	_____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

SECTION A (COUNTY RECORDER or LEAD COUNTY RECORDER)

COUNTY		COUNTY RECORDER NAME		
ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE ()	FAX ()	E-MAIL		
CONTACT NAME (if any)				
ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE ()	FAX ()	E-MAIL		

SECTION B (APPLICATION CHECK LIST)

The following documentation shall be submitted in conjunction with the submission of this application.

CHECK THE BOX IF A COPY OF THESE ITEMS ARE ATTACHED:	
<input type="checkbox"/>	COUNTY RESOLUTION
<input type="checkbox"/>	PROOF OF ESCROW LETTER OF DEPOSIT
<input type="checkbox"/>	VENDOR OF ERDS SOFTWARE CONTRACT (if any). IF INTERNAL RESOURCES ARE BEING UTILIZED TO DEVELOP AN ERDS, IN LIEU OF A VENDOR, AN APPROVAL TO USE INTERNAL RESOURCES OR A GOVERNMENT ENTITY SHALL BE NOTED IN THE COUNTY RESOLUTION.
<input type="checkbox"/>	DOJ APPROVED COMPUTER SECURITY AUDITOR CONTRACT
<input type="checkbox"/>	SUCCESSFUL INITIAL SYSTEM AUDIT REPORT
<input type="checkbox"/>	PROOF OF FINGERPRINT SUBMISSION
<input type="checkbox"/>	STATEMENT OF UNDERSTANDING (ERDS 0011)
<input type="checkbox"/>	SUB-COUNTY APPLICATION (ERDS 0001B) AND REQUIRED DOCUMENTATION IF APPLYING FOR A MULTI-COUNTY ERDS

I declare under penalty of perjury under the laws of the State of California that all the information contained herein is true and correct.

Signature: _____ Print Name: _____ Date: _____

Application Submission

The information on this application and all required documentation becomes the property of the Department of Justice and will be used by authorized personnel. All documentation submitted shall be exempt from disclosure pursuant to the Information Practices Act of 1977, Civil Code Section 1798 et seq.

Mail to: State of California
Department of Justice
CJIS Operations Support Bureau
Electronic Recording Delivery System Program
P.O. Box 160526
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